

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537,020

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6	1						56						
7		1					57						
8							58						
9		1					59						
10							60						
11		1					61						
12							62						
13		1					63						
14	1						64						
15							65						
16	1						66						
17		1					67						
18							68						
19		1					69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	14	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	18						TOTAL CLAIMS						